

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 587728

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9		8		1		
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20		19		1		
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23		22		1		
24		23		1		
25	1		1			
26		24		1		
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33		31		1		
34		32		1		
35		33		1		
36		34		1		
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42		40		1		
43		41		1		
44		42		1		
45		43		1		
46		44		1		
47		45		1		
48		46		1		
49		47		1		
50		48		1		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	38	←	37	←		←
TOTAL CLAIMS	40		39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						